

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

31 -62-009795

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 11

Primary Registration District No. 5043

Registrar's No. 31

VS 300
Rev. 4/59

1 00.50
2 00.50
3
4 0
5 1
6
7 0
8 2
9 4201
10
11
12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED APR 10 1962

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sugar Creek Twp.		c. CITY OR TOWN Seligman	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Seligman		d. STREET ADDRESS (If outside, give location) Seligman	
3. NAME OF DECEASED (Type or print) First BURL Middle PLEASANT Last MITCHELL		4. DATE OF DEATH Month March Day 24 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Postmaster		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME James Monroe Mitchell		13b. MOTHER'S MAIDEN NAME Frances Arnold	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. INFORMANT Clyde Mitchell, Seligman, Mo.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from May 19 57 to March 19 62 and last saw him alive on March 16, 1962 Death occurred at 1030 pm on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Mary Newman, M.D.	
22b. ADDRESS Cassville, Mo.		22c. DATE SIGNED 4-4-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-27-62	
23c. NAME OF CEMETERY OR CREMATORY King Cemetery		23d. LOCATION (City, town, or county) (State) No. Seligman, Missouri	
24. FUNERAL DIRECTOR Miller-Sisco Funeral Home, Pea Ridge Ark.		25. DATE RECD. BY LOCAL REG. 4-4-1962	
26. REGISTRAR'S SIGNATURE Grace Williams			

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 11 1962

APR 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Billy Lewis

Licensed Embalmer No.

781

P. O. Address

Pea Ridge Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Burial permit not obtained B.W.